

## Section 1 of 4

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference	<input type="text" value="Not Currently In Use"/>	This is the unique reference for this application generated by the system.
Your reference	<input type="text" value="IH - Duck in the Pond"/>	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on behalf of the applicant?		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
<input checked="" type="radio"/> Yes <input type="radio"/> No		

### Applicant Details

* First name	<input type="text" value="Mitchells and Butlers Leisure Retail Limited"/>	
* Family name	<input type="text" value="Mitchells and Butlers Leisure Retail Limited"/>	
* E-mail	<input type="text" value="REDACTED"/>	
Main telephone number	<input type="text"/>	Include country code.
Other telephone number	<input type="text"/>	
<input type="checkbox"/> Indicate here if the applicant would prefer not to be contacted by telephone		

Is the applicant:

- ☒ Applying as a business or organisation, including as a sole trader  
☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

### Applicant Business

Is the applicant's business registered in the UK with Companies House?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Note: completing the Applicant Business section is optional in this form.
Registration number	<input type="text" value="01001181"/>	
Business name	<input type="text" value="Mitchells and Butlers Leisure Retail Limited"/>	If the applicant's business is registered, use its registered name.
VAT number	<input type="text" value="GB"/> <input type="text" value="818307823"/>	Put "none" if the applicant is not registered for VAT.
Legal status	<input type="text" value="Private Limited Company"/>	

*Continued from previous page...*

Applicant's position in the business

Premises licence holder

Home country

United Kingdom

The country where the applicant's headquarters are.

**Registered Address**

Address registered with Companies House.

Building number or name

Mitchells and Butlers Leisure Retail Limited

Street

27 Fleet Street

District

City or town

Birmingham

County or administrative area

Postcode

B3 1JP

Country

United Kingdom

**Agent Details**

\* First name

\* Family name

\* E-mail

Main telephone number

Other telephone number

Include country code.

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☒ An agent that is a business or organisation, including a sole trader
- ☐ A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

**Agent Business**

Is your business registered in the UK with Companies House?

☐ Yes ☒ No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK?

☐ Yes ☒ No

Business name

VAT number

GB

Legal status

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

*Continued from previous page...*

Your position in the business

Home country

**Agent Business Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

The country where the headquarters of your business is located.

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

**Section 2 of 4**

**PREMISES DETAILS**

I/we apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003.

\* Premises licence number

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address    ☐ OS map reference    ☐ Description

**Address**

\* Building number or name

\* Street

District

\* City or town

County or administrative area

Postcode

\* Country

**Contact Details**

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

*Continued from previous page...*

Licensed premises

### Section 3 of 4

#### SUPERVISOR

##### Full Name Of Proposed Designated Premises Supervisor

\* First name

\* Family name

\* Nationality

\* Place of birth

\* Date of birth

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

##### Full Name Of Existing Designated Premises Supervisor

First name

Family name

\* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

☒ Yes ☐ No

☒ I will notify the existing premises supervisor (if any) of this application

\* Will the premises licence or relevant part of it be submitted with this application?

☒ Yes ☐ No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

☐ Electronically, by the proposed designated premises supervisor

☒ As an attachment to this variation

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

Continued from previous page...

Reference number for consent  
form (if known)

If the consent form is already submitted, ask  
the proposed designated premises  
supervisor for its 'system reference' or 'your  
reference'

#### Section 4 of 4

#### PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

#### DECLARATION

\* I/we understand it is an offence, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

☒ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

Solicitors for and on behalf of applicant

\* Date

<input type="text" value="23"/>	/	<input type="text" value="10"/>	/	<input type="text" value="2023"/>
dd		mm		yyyy

Remove this signatory

Full name

Capacity

\* Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
dd		mm		yyyy

Remove this signatory

Add another signatory

**OFFICE USE ONLY**

Applicant reference number	IH - Duck in the Pond
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	<input type="checkbox"/>

[1](#) [2](#) [3](#) [4](#) [Next >](#)

# MITCHELLS AND BUTLERS LEISURE RETAIL LIMITED

## CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS DESIGNATED PREMISES SUPERVISOR

To be completed in block capitals

I (Insert Full Name)

JAMES VINCENT

of (Insert Home Address)

hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a Variation of the Premises Licence by Mitchells and Butlers Leisure Retail Limited relating to a Premises Licence

(Insert Premises Licence Number)

LN/000000578/2023/22

for (Insert Name and Address of Premises)

DUCK IN THE POND  
KENTON LANE, HARROW, HA3 6AA

and any licence to be granted or varied in respect of this application made by Mitchells and Butlers Leisure Retail Limited, concerning the supply of alcohol at

(Insert Name and Address of Premises)

DUCK IN THE POND  
KENTON LANE, HARROW, HA3 6AA

I also confirm that I am entitled to work in the United Kingdom and hold a personal licence, details of which I set out below.

Personal Licence Number	LN000016127/2022/1
Personal Licence Issuing Authority	HARROW COUNCIL

I hereby consent for my personal information to be disclosed to all relevant Responsible Authorities under the Licensing Act 2003 in respect of my appointment as Designated Premises Supervisor for the premises detailed above.

Signed	[Redacted Signature]
Print Name	JAMES VINCENT
Date	23/10/2023

Once completed, please sign this form by hand and email a scanned copy or clear photo of the form to [MABconsents@popell.co.uk](mailto:MABconsents@popell.co.uk). There is no longer a requirement to post this form, unless requested to do so by Poppleston Allen.